. 300	"FILED JUN	N 22 1955 THE DIVISION OF HEALTH OF MISSOURI 1879					
- 48	11225 0011	~ £ 1500	STANDARD CERT	TFICATE OF DEAT	TH State File No.	•	
	BIRTH NO		_ REG. DIST. NO	PRIMARY REG. DIST. NO	o. 1002 Registrar's N.		
۵	1. PLACE OF DEATH			2. USUAL RESIDEN	VCE (Where deceased lived. If i	nstitution: residence before	
U	Jackson				as b. COUNTY W	yandotte dinimination).	
۵	b. CITY (If outside corporate limits, write RURAL and give Cr. LENGTH OF TOWN Kansas City township)			S TOWN Kansas	s City	esidence within limits of ty or incorporated town?	
RECORD	d. FULL NAME OF (II not in bospital or institution, give atreet address or location) HOSPITAL OR Veterans Administration Hospi INSTITUTION Veterans			STREET ADDRESS 3232	(If rural, give location) Sewell	8150	
RE	3. NAME OF DECEASED	a. (First)	b. (Middle)	c. (Last)	4. DATE (Month)	(Day) (Year)	
	(Type or Print)	John	Thomas	LEWIS	OF May	28 1955	
NEN	5. SEX 3- 6. 6 Male	COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (Specific MATTIED)	8. DATE OF BIRTH	9. AGE (In years lif Under last birthday) Months	R I YEAR OF UNDER 44 HRS.	
PERMANENT	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pool Hall Owner		10b. KIND OF BUSINESS OR DUST	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Kansas		12. CITIZEN OF WHAT COUNTRY?	
	13a. FATHER'S NAME		136. MOTHER'S MAIS		4. NAME OF HUSBAND OR WI		
◀	Charles C	. Lewis	Sarah (U	nknown)	Fannie Lewis		
MAKE	15. WAS DECEASED EVER IN U.S. ARMED FOR		FORCES?   16. SOCIAL SECURI	Y 17. INFORMANT'S	SIGNATURE OR NAME	ADDRESS	
V.	Yes W11 (1f yes, give war or dates of service)			Official VA Ho	spital Records		
INK	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)  ANTECEDENT CAUSES						
ACK	*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the discusse, injury, or complications.  ANTECEDENT CAUSES  Morbid conditions, if any, giving DUE TO (b) Experiment Cardiovascular discussed in the above cause (a) stating the underlying cause last.  DUE TO (c) arteriolone phrosclerosis						
BL	as heart failure, asthenia, etc. It means the dis-	rise to the above ca the underlying cau	ause (a) stating (see last.	trickens leaste si			
ည	case, injury, or complica- tion which caused death.	II OTHER SIGNIE	ICANT CONDITIONS		bicarbas	-	
ADIN	Conditions contrib		outing to the death but not se or condition causing death.			14424	
UNFADING	19a. DATE OF OPERA- TION	195, MAJOR FIND	DINGS OF OPERATION			20. AUTOPSY?	
-USING	21a. ACCIDENT SUICIDE HOMICIDE	(Specify) 2	21b. PLACE OF INJURY (e.g., in orabe home, farm, factory, street, office bldg., et	et 21c. (CITY, TOWN, OR TO	WNSHIP) (COUNTY)	(STATE)	
1 1	21d. TIME (Month) OF INJURY	(Day) (Year) (E VA	Hour) 21e. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	2 21f. HOW DID INJURY OX	CCUR?		
PLAINLY	22. I hereby certify that/I attended the deceased from May 15 , 1955, to May 28 , 1955, hat / last falc/the defeased hitself. I from the causes and on the date stated above.						
	23a. SKONATURE 2. Wingfull Degree or title) 23b. ADDRESS 23c. [						
WRITE	FRANK Q WT 24a. BURIAL, CREMA- TION BEMOVAL 18 pectry)	NGFTELD 1 246. DATE 6-3-55	240. NAME OF CEMET	ERY OR CREMATORY   24d	LOCATION (City, town, or cond ds worth Kansa	M6. 5-29-55 inty) (State)	
11	DATE REC'D BY LOCAL REG.	REGISTRAR'S SI	~ · ~ ///	25. FUNGRAL DIRECTO Nathan W.	Thatcher K.C.	DORESS	
Ü		·		Statement on Reverse Side)			

V

## STATEMENT BY LICENSED EMBALMER

	I nereby certify that the body whose hame is recorded on the reverse	side of this certificate was emi
by m	, or by	, Student Embalmer No
work	ng under my personal supervision	

Signature of Student Embalmer

Signed Tolffad Wood

Licensed Embalmer No 3/0

P. O. Address 1520 Ma.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.